	Tra			Transaction Da	ransaction Date		
CHARGE AND CREDIT WILL BE REPORTE CUSTOMER AGENCY STATEMENT OF TI FOR ACCOUNTING PERIOD ENDING		Document No.					
	R AGENCY		BILLIN	IG AGENCY			
Agency Location Code (ALC)	Customer Agend	cy Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.			
DEPARTMENT BUREAU ADDRESS			DEPARTMENT BUREAU ADDRESS				
SUMMARY			SUMMARY				
APPROPRIATION, FUND, OR RECEIPT SYMBOL AMOUNT		AMOUNT	APPROPRIATION, FUND, OR REC	AMOUNT			
SA	M	Pl	EOI	N	_Y		
(MUST AGREE WITH BILLING AGENCY TOTAL)	TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL)	TOTAL			
BILLING AGENCY CONTACT: PREPARED BY APPROVED BY TELEPHONE NO.							
	(CERTIFICATION	OF CUSTOMER OFFICE				
I certify that the	items listed herein	are correct and pro	oper for payment from and to the appro	priation(s) designa	ted.		
(Date)	(Date)			(Authorized administrative or certifying officer)			
(Telephone No.)							

	Tra			Transaction Da	ransaction Date		
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DEPARTMENT BUREAU ADDRESS			DEPARTMENT BUREAU ADDRESS				
SUMMARY			SUMMARY				
APPROPRIATION, FUND, OR RECEIPT SYMBOL AMOUNT		AMOUNT	APPROPRIATION, FUND, OR REC	AMOUNT			
SA	M	Pl	EOI	N	_Y		
(MUST AGREE WITH BILLING AGENCY TOTAL)	TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL)	TOTAL			
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(MUST AGREE WITH BILLING AGENCY TOTAL)	TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL)	TOTAL			
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